

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HOUSE FREEDOM FUND

ADDRESS (number and street)

PO BOX 1948

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00552851

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
02 01 2016

through

M M / D D / Y Y Y Y Y Y  
02 29 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

BROWN, MEGAN, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BROWN, MEGAN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 11 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HOUSE FREEDOM FUND

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
02		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
02		29		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">90559.90</td></tr></table>	90559.90				
Y	Y	Y	Y	Y													
2016																	
90559.90																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">94968.86</td></tr></table>	94968.86															
94968.86																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">130626.00</td></tr></table>	130626.00					<table><tr><td colspan="5">156327.75</td></tr></table>	156327.75									
130626.00																	
156327.75																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">225594.86</td></tr></table>	225594.86					<table><tr><td colspan="5">246887.65</td></tr></table>	246887.65									
225594.86																	
246887.65																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">83879.75</td></tr></table>	83879.75					<table><tr><td colspan="5">105172.54</td></tr></table>	105172.54									
83879.75																	
105172.54																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">141715.11</td></tr></table>	141715.11					<table><tr><td colspan="5">141715.11</td></tr></table>	141715.11									
141715.11																	
141715.11																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**HOUSE FREEDOM FUND**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
02	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
02	/	29	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

98750.00

115503.00

(ii) Unitemized .....

14031.00

15177.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

112781.00

130680.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

17700.00

22700.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

130481.00

153380.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

145.00

145.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2802.75

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

130626.00

156327.75

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

130626.00

156327.75

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	11429.75	20819.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11429.75	20819.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72450.00	84353.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83879.75	105172.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83879.75	105172.54

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	130481.00	153380.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	130481.00	153380.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11429.75	20819.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	145.00	145.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11284.75	20674.54

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOUSE FREEDOM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AUXIER, LAUREL, M., ,

Mailing Address 10914 LA SERNA DR  
WHITTIER

City  
WHITTIER

State  
CA

Zip Code  
90604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6594

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BEBAULT, SANDRA, ANN, MS.,

Mailing Address 10921 36TH AVE N  
MINNEAPOLIS

City

MINNEAPOLIS

State

MN

Zip Code

55441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6604

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLAKEY, BRUCE, H., MR.,

Mailing Address PO BOX 7201  
WOODINVILLE

City

WOODINVILLE

State

WA

Zip Code

98072

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WESMAR

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6608

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BROUGHTON, LENORE, F., ,**

Mailing Address 52 HENRY ST

City  
BURLINGTON

State  
VT

Zip Code  
05401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7121

Amount of Each Receipt this Period

2700.00

☐ Memo Item

EM-DAVIDSON-TRANS20160216

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BUCHWALD, JAMES, , ,**

Mailing Address 17156 GLEN RD

City  
MOUNT VERNON

State  
OH

Zip Code  
43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7130

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BURKLE, GARY, , ,**

Mailing Address 4642 FAMILY DR

City  
HILLARD

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
MH COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.7138

Amount of Each Receipt this Period

5.00

☐ Memo Item

EM-BRAT-TRANS20160210

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7705.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BURKLE, GARY, , ,**

Mailing Address 4642 FAMILY DR

City  
HILLARD

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
MH COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.7142

Amount of Each Receipt this Period

5.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160210

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BURKLE, GARY, , ,**

Mailing Address 4642 FAMILY DR

City  
HILLARD

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
MH COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.7141

Amount of Each Receipt this Period

5.00

☐ Memo Item

EM-GARRETT-TRANS20160210

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BURKLE, GARY, , ,**

Mailing Address 4642 FAMILY DR

City  
HILLARD

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
MH COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.7150

Amount of Each Receipt this Period

5.00

☐ Memo Item

EM-BLUM-TRANS20160203

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BURKLE, GARY, , ,**

Mailing Address 4642 FAMILY DR

City  
HILLARD

State  
OH

Zip Code  
43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
MH COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.7139

Amount of Each Receipt this Period

5.00

☐ Memo Item

EM-DAVIDSON-TRANS20160203

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHAUCER, JOHN, , ,**

Mailing Address 19376 HAZEL RD

City  
LEBANON

State  
MO

Zip Code  
65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSAL PROTECTION SERVICE

Occupation (for Individual)  
SECURITY PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2016

Transaction ID : SA11AI.7151

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-BLUM-TRANS20160203

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHAUCER, JOHN, , ,**

Mailing Address 19376 HAZEL RD

City  
LEBANON

State  
MO

Zip Code  
65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSAL PROTECTION SERVICE

Occupation (for Individual)  
SECURITY PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2016

Transaction ID : SA11AI.7140

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-DAVIDSON-TRANS20160203

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHAUCER, JOHN, , ,**

Mailing Address 19376 HAZEL RD

City  
LEBANON

State  
MO

Zip Code  
65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSAL PROTECTION SERVICE

Occupation (for Individual)  
SECURITY PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11AI.7118

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-GARRETT-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHAUCER, JOHN, , ,**

Mailing Address 19376 HAZEL RD

City  
LEBANON

State  
MO

Zip Code  
65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSAL PROTECTION SERVICE

Occupation (for Individual)  
SECURITY PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : SA11AI.7214

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHILDS, JOHN, , ,**

Mailing Address 165 SAGO PALM RD

City  
VERO BEACH

State  
FL

Zip Code  
32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JW CHILDS ASSOCIATES

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2016

Transaction ID : SA11AI.7143

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

5050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHILDS, MARLENE, , ,**

Mailing Address 165 SAGO PALM RD

City  
VERO BEACH

State  
FL

Zip Code  
32963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2016

Transaction ID : SA11AI.7144

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CLARK, ELLOINE, H., MRS.,**

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLAS

State  
TX

Zip Code  
75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7216

Amount of Each Receipt this Period

2700.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CLARK, ELLOINE, H., MRS.,**

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLAS

State  
TX

Zip Code  
75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7104

Amount of Each Receipt this Period

2700.00

☐ Memo Item

EM-BLUM-TRANS20160223

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOUSE FREEDOM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARK, ELLOINE, H., MRS.,

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLASState  
TXZip Code  
75205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7087

Amount of Each Receipt this Period

2700.00

☐ Memo Item

EM-MEADOWS-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, ELLOINE, H., MRS.,

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLASState  
TXZip Code  
75205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7116

Amount of Each Receipt this Period

2700.00

☐ Memo Item

EM-GARRETT-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, ELLOINE, H., MRS.,

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLASState  
TXZip Code  
75205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

8100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7108

Amount of Each Receipt this Period

2700.00

☐ Memo Item

EM-BRAT-TRANS20160223

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 OF 61

(check only one)

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COLE, DEBORAH, L., MS.,**

Mailing Address 8919 TOWNSHIP ROAD 195  
WEST LIBERTY

City  
WEST LIBERTY

State  
OH

Zip Code  
43357

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6629

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FRANCIS, RICHARD, , MR.,**

Mailing Address 13114 PACIFIC ST  
OMAHA

City

OMAHA

State

NE

Zip Code

68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GORMAN, JAMES, , MR.,**

Mailing Address PO BOX 2599  
MANSFIELD

City

MANSFIELD

State

OH

Zip Code

44906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GORMAN RUPP

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6666

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOUSE FREEDOM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRUSS, FREMONT, B., MR.,

Mailing Address 3360 SHAVERS LAKE RD  
 WAYZATA

City  
 WAYZATA

State  
 MN

Zip Code  
 55391

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

Transaction ID : SA11AI.6670

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, JIM, , ,

Mailing Address 19376 HAZEL RD

City

LEBANON

State

MO

Zip Code

65536

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

Transaction ID : SA11AI.7106

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-BLUM-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, JIM, , ,

Mailing Address 19376 HAZEL RD

City

LEBANON

State

MO

Zip Code

65536

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

Transaction ID : SA11AI.7119

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-GARRETT-TRANS20160223

SUBTOTAL of Receipts This Page (optional)..... ►

290.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HALL, JIM, , ,**

Mailing Address 19376 HAZEL RD

City  
LEBANON

State  
MO

Zip Code  
65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

Transaction ID : SA11AI.7114

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-DAVIDSON-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HALL, JIM, , ,**

Mailing Address 19376 HAZEL RD

City  
LEBANON

State  
MO

Zip Code  
65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

Transaction ID : SA11AI.7110

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-BRAT-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HALL, JIM, , ,**

Mailing Address 19376 HAZEL RD

City  
LEBANON

State  
MO

Zip Code  
65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016

Transaction ID : SA11AI.7215

Amount of Each Receipt this Period

20.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160223

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HAWK, LEO, J., ,**

Mailing Address PO BOX 1507

City  
LIMA

State  
OH

Zip Code  
45802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7105

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-BLUM-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HAWK, LEO, J., ,**

Mailing Address PO BOX 1507

City  
LIMA

State  
OH

Zip Code  
45802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7088

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HAWK, LEO, J., ,**

Mailing Address PO BOX 1507

City  
LIMA

State  
OH

Zip Code  
45802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7117

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-GARRETT-TRANS20160223

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9800.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HAWK, LEO, J., ,**

Mailing Address PO BOX 1507

City  
LIMA

State  
OH

Zip Code  
45802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7109

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-BRAT-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HAWK, LEO, J., ,**

Mailing Address PO BOX 1507

City  
LIMA

State  
OH

Zip Code  
45802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HORN, GAY, , ,**

Mailing Address 373 HORN LN  
AUSTIN

City  
AUSTIN

State  
AR

Zip Code  
72007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6684

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KALMBACH, PAUL, , ,**

Mailing Address 7148 STATE HIGHWAY

City

UPPER SANDUSKY

State

OH

Zip Code

43351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KALMBACH FEEDS

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7129

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160216

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KALMBACH, PAUL, , ,**

Mailing Address 7148 STATE HIGHWAY

City

UPPER SANDUSKY

State

OH

Zip Code

43351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KALMBACH FEEDS

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7128

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-GARRETT-TRANS20160216

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KALMBACH, PAUL, , ,**

Mailing Address 7148 STATE HIGHWAY

City

UPPER SANDUSKY

State

OH

Zip Code

43351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KALMBACH FEEDS

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KALMBACH, PAUL, , ,**

Mailing Address 7148 STATE HIGHWAY

City

UPPER SANDUSKY

State

OH

Zip Code

43351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KALMBACH FEEDS

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7127

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-BRAT-TRANS20160116

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KALMBACH, PAUL, , ,**

Mailing Address 7148 STATE HIGHWAY

City

UPPER SANDUSKY

State

OH

Zip Code

43351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KALMBACH FEEDS

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7122

Amount of Each Receipt this Period

5400.00

☐ Memo Item

EM-DAVIDSON-TRANS20160216

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KALMBACH, PAUL, , ,**

Mailing Address 7148 STATE HIGHWAY

City

UPPER SANDUSKY

State

OH

Zip Code

43351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KALMBACH FEEDS

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

7800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7126

Amount of Each Receipt this Period

2400.00

☐ Memo Item

EM-BLUM-TRANS20160216

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MAHONEY, EDWARD, , MR.,**

Mailing Address 8445 FOXGLOVE AVE NW  
CLINTON

City  
CLINTON

State  
OH

Zip Code  
44216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6719

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MARTIN, ROBERT, , ,**

Mailing Address 9 DIAMOND DR

City  
KEY WEST

State  
FL

Zip Code  
33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6726

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARTIN, ROBERT, , ,**

Mailing Address 9 DIAMOND DR

City  
KEY WEST

State  
FL

Zip Code  
33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6725

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MATTHEWS, AGNES, , ,**

Mailing Address 9931 HYATT RESORT DR APT 318

SAN ANTONIO

City

SAN ANTONIO

State

TX

Zip Code

78251

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCCALL, JOHN, , ,**

Mailing Address 1091 LAKE WELBROOK DR

City

ATHENS

State

GA

Zip Code

30606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICAN HEARTWORM SOCIETY

Occupation (for Individual)

ASSOCIATE EDITOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7089

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCMILLAN, JAMES, , MRS.,**

Mailing Address 15 CRYSTAL CANYON PL

SPRING

City

SPRING

State

TX

Zip Code

77389

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CHENIERE

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6735

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HOUSE FREEDOM FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERCER, MARILYN, H., MRS.,

Mailing Address 8630 SANTA ROSA RD  
 BUELLTON

City  
 BUELLTON

State  
 CA

Zip Code  
 93427

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETRIED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

Transaction ID : SA11AI.6737

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, DARRELL, , ,

Mailing Address PO BOX13863

City  
 DAYTON

State  
 OH

Zip Code  
 45413

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 RETIRED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2016

Transaction ID : SA11AI.7125

Amount of Each Receipt this Period

25.00

☐ Memo Item

EM-DAVIDSON-TRANS20160216

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORRISON, WILLIAM, B., MR.,

Mailing Address 137 E FAIRMONT AVE  
 NEW CASTLE

City  
 NEW CASTLE

State  
 PA

Zip Code  
 16105

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 INFORMATION REQUESTED

Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

Transaction ID : SA11AI.6753

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

525.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 61  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NAEGELE, ELLIS, F., ,**

Mailing Address 7993 VIA VECCHIA

City  
NAPLES

State  
FL

Zip Code  
34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7113

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EM-DAVIDSON-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NAEGELE, ROBERT, O., , JR.**

Mailing Address 7993 VIA VECCHIA

City  
NAPLES

State  
FL

Zip Code  
34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7112

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EM-DAVIDSON-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OCHOA, CAROLYN, , ,**

Mailing Address 1625 MOCKINGBIRD LN

City  
MANHEIM

State  
PA

Zip Code  
17545

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WELLSPAN-EPHRATA HOSPITAL

Occupation (for Individual)

MEDICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6764

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PARRIS, ROLAND, , MR., JR.**

Mailing Address 455 19TH LN

VERO BEACH

City

VERO BEACH

State

FL

Zip Code

32960

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6768

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PEARSON, WAYNE, , ,**

Mailing Address 1523 OLD VALDOSTA RD

City

RAY CITY

State

GA

Zip Code

31645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2016

Transaction ID : SA11AI.7090

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PEDERSON, IRENE, , MS.,**

Mailing Address 200 SUNNYSIDE AVE

PLENTYWOOD

City

PLENTYWOOD

State

MT

Zip Code

59254

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6770

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, STEPHEN, , ,**

Mailing Address 3705 SARAH SPRINGS TRL

City  
FLOWER MOUND

State  
TX

Zip Code  
75022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CORNERSTONE STAFFING

Occupation (for Individual)  
SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SPANO, CATHY, , MRS.,**

Mailing Address 4001 N OCEAN BLVD APT 304

City  
GULF STREAM

State  
FL

Zip Code  
33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6808

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STAHMANN, KATHRYN, , ,**

Mailing Address 42 N TANGLEWOOD SPUR

City  
SEDONA

State  
AZ

Zip Code  
86351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.7083

Amount of Each Receipt this Period

100.00

☐ Memo Item

EM-GARRETT-TRANS20160302

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 61  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STAHMANN, KATHRYN, , ,**

Mailing Address 42 N TANGLEWOOD SPUR

City  
SEDONA

State  
AZ

Zip Code  
86351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.7082

Amount of Each Receipt this Period

100.00

☐ Memo Item

EM-BLUM-TRANS20160302

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STAHMANN, KATHRYN, , ,**

Mailing Address 42 N TANGLEWOOD SPUR

City  
SEDONA

State  
AZ

Zip Code  
86351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.7080

Amount of Each Receipt this Period

100.00

☐ Memo Item

EM-MEADOWS-TRANS20160302

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STAHMANN, KATHRYN, , ,**

Mailing Address 42 N TANGLEWOOD SPUR

City  
SEDONA

State  
AZ

Zip Code  
86351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.7084

Amount of Each Receipt this Period

100.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160302

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 61  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STAHMANN, KATHRYN, , ,**

Mailing Address 42 N TANGLEWOOD SPUR

City  
SEDONA

State  
AZ

Zip Code  
86351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.7079

Amount of Each Receipt this Period

100.00

☐ Memo Item

EM-BRAT-TRANS20160302

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEINKAMP, JEFFREY, , MR.,**

Mailing Address PO BOX 98  
ROCHESTER

City

ROCHESTER

State

VT

Zip Code

05767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6812

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STRAYER, TOBY, , ,**

Mailing Address 500 N DEFIANCE TRL  
SPENCERVILLE

City

SPENCERVILLE

State

OH

Zip Code

45887

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6817

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TURBERVILLE, FRANK, B., MR., JR.**

Mailing Address PO BOX 245

MILTON

City

MILTON

State

NC

Zip Code

27305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

Transaction ID : SA11AI.6829

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TURBERVILLE, FRANK, B., MR., JR.**

Mailing Address PO BOX 245

MILTON

City

MILTON

State

NC

Zip Code

27305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.7081

Amount of Each Receipt this Period

100.00

☐ Memo Item

EM-MEADOWS-TRANS20160302

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WARNER, RUTH, , MRS.,**

Mailing Address 1103 ROBIN RD

SAINT MARYS

City

SAINT MARYS

State

OH

Zip Code

45885

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA11AI.6842

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 61  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZULUETA, LAURA, J., ,**

Mailing Address 2008 GREYHAWK PL

City  
APEX

State  
NC

Zip Code  
27539

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

Transaction ID : SA11AI.7123

Amount of Each Receipt this Period

5400.00

☐ Memo Item

EM-DAVIDSON-TRANS20160216

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5400.00

98750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 61  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. GARY PALMER FOR CONGRESS**

Mailing Address 1919 OXMOOR RD #235

City  
HOMEWOOD

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

C00551374

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11C.7185**

Amount of Each Receipt this Period

4000.00

☐ Memo Item

EM-DAVIDSON-TRANS20160302

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. GARY PALMER FOR CONGRESS**

Mailing Address 1919 OXMOOR RD #235

City  
HOMEWOOD

State  
AL

Zip Code  
35209

FEC ID number of contributing  
federal political committee.

C

C00551374

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11C.6567**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. JIM JORDAN FOR CONGRESS**

Mailing Address 1709 STATE ROUTE 560 SOUTH

City  
URBANA

State  
OH

Zip Code  
43078

FEC ID number of contributing  
federal political committee.

C

C00416594

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

**Transaction ID : SA11C.7124**

Amount of Each Receipt this Period

4000.00

☐ Memo Item

EM-DAVIDSON-TRANS20160216

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 61

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. JOBS, ENERGY AND OUR FOUNDING FATHERS PAC-JEFF PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

C00516724

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

**Transaction ID : SA11C.7184**

Amount of Each Receipt this Period

2700.00

☐ Memo Item

EM-DAVIDSON-TRANS20160302

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. JODY HICE FOR CONGRESS**

Mailing Address PO BOX 586

City

MONROE

State

GA

Zip Code

30655

FEC ID number of contributing  
federal political committee.

**C**

C00544445

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11C.7107**

Amount of Each Receipt this Period

500.00

☐ Memo Item

EM-BRAT-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. JODY HICE FOR CONGRESS**

Mailing Address PO BOX 586

City

MONROE

State

GA

Zip Code

30655

FEC ID number of contributing  
federal political committee.

**C**

C00544445

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11C.7120**

Amount of Each Receipt this Period

500.00

☐ Memo Item

EM-HUELSKAMP-TRANS20160223

**SUBTOTAL** of Receipts This Page (optional)..... ►

3700.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 61

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. JODY HICE FOR CONGRESS**

Mailing Address PO BOX 586

City  
MONROE

State  
GA

Zip Code  
30655

FEC ID number of contributing  
federal political committee.

C

C00544445

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11C.7103**

Amount of Each Receipt this Period

500.00

☐ Memo Item

EM-BLUM-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. JODY HICE FOR CONGRESS**

Mailing Address PO BOX 586

City  
MONROE

State  
GA

Zip Code  
30655

FEC ID number of contributing  
federal political committee.

C

C00544445

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11C.7115**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EM-GARRETT-TRANS20160223

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. JODY HICE FOR CONGRESS**

Mailing Address PO BOX 586

City  
MONROE

State  
GA

Zip Code  
30655

FEC ID number of contributing  
federal political committee.

C

C00544445

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2016

**Transaction ID : SA11C.7111**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

EM-DAVIDSON-TRANS20160223

**SUBTOTAL** of Receipts This Page (optional)..... ►

4000.00

**TOTAL** This Period (last page this line number only)..... ►

17700.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. AMERICAN CAGING, INC.**Mailing Address 4850 WRIGHT RD  
STE 168City  
STAFFORDState  
TXZip Code  
77477Purpose of Disbursement  
CAGING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				1	5					2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.6165

Amount of Each Disbursement this Period

432.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 50TH, 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285Purpose of Disbursement  
SEE MEMO ENTRIES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				0	2					2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.6187

Amount of Each Disbursement this Period

174.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TNZip Code  
38119Purpose of Disbursement  
PAC SHIPPING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				0	2					2	0	1	6

FEC Identification Number

C

Transaction ID : SB21B.6188

Amount of Each Disbursement this Period

38.66

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6	0	7	.	0	9
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 50TH, 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285Purpose of Disbursement  
PAC ONLINE SERVICES - NO ITEMIZATION

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

FEC Identification Number

C 

Transaction ID : SB21B.6196

Amount of Each Disbursement this Period

 52.50☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 50TH, 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285Purpose of Disbursement  
PAC EMAIL MARKETING - NO ITEMIZATION

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

FEC Identification Number

C 

Transaction ID : SB21B.6199

Amount of Each Disbursement this Period

 10.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 50TH, 200 VESEY ST

City  
NEW YORKState  
NYZip Code  
10285Purpose of Disbursement  
SEE MEMO ENTRIES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

FEC Identification Number

C 

Transaction ID : SB21B.6545

Amount of Each Disbursement this Period

 854.79☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

 917.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. ALLIANCE STRATEGIES GROUP, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

Mailing Address 7700 CONGRESS AVE  
STE 3115City  
BOCA RATONState  
FLZip Code  
33487Purpose of Disbursement  
PAC EMAIL MARKETING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6546

Amount of Each Disbursement this Period

[REDACTED] 819.59

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

Mailing Address 942 S SHADY GROVE RD

City  
MEMPHISState  
TNZip Code  
38119Purpose of Disbursement  
PAC SHIPPING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6548

Amount of Each Disbursement this Period

[REDACTED] 18.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOLD COLORS CONSULTING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

Mailing Address 3125 TIGER RUN COURT  
STE 111City  
CARLSBADState  
CAZip Code  
92010Purpose of Disbursement  
PAC FUNDRAISING CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6214

Amount of Each Disbursement this Period

[REDACTED] 3840.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

[REDACTED] 3840.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

Mailing Address 824 S. MILLEDGE AVE  
STE 101City  
ATHENSState  
GAZip Code  
30605Purpose of Disbursement  
PAC COMPLIANCE CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6213

Amount of Each Disbursement this Period

3000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6395

Amount of Each Disbursement this Period

5.57

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.6554

Amount of Each Disbursement this Period

13.15

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

3018.72

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

FEC Identification Number

C

Transaction ID : SB21B.6555

Amount of Each Disbursement this Period

5.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2016

FEC Identification Number

C

Transaction ID : SB21B.6556

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

FEC Identification Number

C

Transaction ID : SB21B.6557

Amount of Each Disbursement this Period

3.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2016

FEC Identification Number

C

Transaction ID : SB21B.6558

Amount of Each Disbursement this Period

290.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

FEC Identification Number

C

Transaction ID : SB21B.6559

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2016

FEC Identification Number

C

Transaction ID : SB21B.6560

Amount of Each Disbursement this Period

2.94

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

294.27

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

FEC Identification Number

C

Transaction ID : SB21B.6561

Amount of Each Disbursement this Period

3.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2016

FEC Identification Number

C

Transaction ID : SB21B.6562

Amount of Each Disbursement this Period

5.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

FEC Identification Number

C

Transaction ID : SB21B.6563

Amount of Each Disbursement this Period

7.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	4					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.6564

Amount of Each Disbursement this Period

0.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	6					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.6565

Amount of Each Disbursement this Period

2.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCOState  
CAZip Code  
94110Purpose of Disbursement  
PAC CC TRANSACTION FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	9					2	0	1

FEC Identification Number

C

Transaction ID : SB21B.6566

Amount of Each Disbursement this Period

2.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5.43



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. SUNTRUST BANK**

Mailing Address PO BOX 4418

City  
ATLANTAState  
GAZip Code  
30302Purpose of Disbursement  
PAC BANK FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

FEC Identification Number

C

Transaction ID : SB21B.6553

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ZEALOUS, LLC**Mailing Address 110 N MILAM  
#177City  
FREDERICKSBURGState  
TXZip Code  
78624Purpose of Disbursement  
PAC DIGITAL CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2016

FEC Identification Number

C

Transaction ID : SB21B.6207

Amount of Each Disbursement this Period

2594.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2694.00

**TOTAL** This Period (last page this line number only).....▶

11403.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

FEC Identification Number

C C00543926

**Transaction ID : SB23.6515**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY GARY BURKLE ID# 6538

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

FEC Identification Number

C C00543926

**Transaction ID : SB23.7171**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY JOHN CHAUCER ID# 6534

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

FEC Identification Number

C C00543926

**Transaction ID : SB23.7172**

Amount of Each Disbursement this Period

25.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

FEC Identification Number

C C00543926

**Transaction ID : SB23.6335**

Amount of Each Disbursement this Period

2400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY PAUL KALMBACH ID# 4142

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

FEC Identification Number

C C00543926

**Transaction ID : SB23.7170**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

FEC Identification Number

C C00543926

**Transaction ID : SB23.6533**

Amount of Each Disbursement this Period

5620.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8020.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY JODY HICE FOR CONGRESS ID# 6533

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	6		

FEC Identification Number

**C** C00543926**Transaction ID : SB23.7163**

Amount of Each Disbursement this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY JIM HALL ID# 4579

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	7			2	0	1	6		

FEC Identification Number

**C** C00543926**Transaction ID : SB23.7166**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY WILLIAM CLARK ID# 6523

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

**C** C00543926**Transaction ID : SB23.7164**

Amount of Each Disbursement this Period

2700.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
EARMARKED BY LEO HAWK ID# 6524

001

Category/  
Type

Candidate Name

**BLUM, RODNEY, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2016

FEC Identification Number

**C** C00543926**Transaction ID : SB23.7165**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
CONTRIBUTION

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: OH District: 08

SPECIAL PRIMARY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

FEC Identification Number

**C** C00600718**Transaction ID : SB23.6291**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
CONTRIBUTION

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State: OH District: 08

SPECIAL PRIMARY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

FEC Identification Number

**C** C00600718**Transaction ID : SB23.6290**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

FEC Identification Number

C C00600718

**Transaction ID : SB23.6373**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY GARY BURKLE ID# 6538

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

FEC Identification Number

C C00600718

**Transaction ID : SB23.7203**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY JOHN CHAUCER ID# 6534

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

FEC Identification Number

C C00600718

**Transaction ID : SB23.7204**

Amount of Each Disbursement this Period

25.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	2				1	6						2	0	1	6

FEC Identification Number

C C00600718

**Transaction ID : SB23.6374**

Amount of Each Disbursement this Period

17525.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY LENORE BROUGHTON ID# 5667

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	2				0	8						2	0	1	6

FEC Identification Number

C C00600718

**Transaction ID : SB23.7196**

Amount of Each Disbursement this Period

2700.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY PAUL KALMBACH ID# 4142

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	2				0	8						2	0	1	6

FEC Identification Number

C C00600718

**Transaction ID : SB23.7197**

Amount of Each Disbursement this Period

5400.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

17525.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY LAURA ZULUETA ID# 5149

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	6		

FEC Identification Number

C C00600718

**Transaction ID : SB23.7198**

Amount of Each Disbursement this Period

5400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY JIM JORDAN FOR CONGRESS ID# 4148

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	6		

FEC Identification Number

C C00600718

**Transaction ID : SB23.7199**

Amount of Each Disbursement this Period

4000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY DARRELL MOORE ID# 4303

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	1	6		

FEC Identification Number

C C00600718

**Transaction ID : SB23.7200**

Amount of Each Disbursement this Period

25.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☐

General

☒

Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				2	3					2	0	1	6

FEC Identification Number

C C00600718

Transaction ID : SB23.6550

Amount of Each Disbursement this Period

4520.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY JODY HICE FOR CONGRESS ID# 6533

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☐

General

☒

Other (specify)

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				1	5					2	0	1	6

FEC Identification Number

C C00600718

Transaction ID : SB23.7189

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY JIM HALL ID# 4579

001

Category/  
Type

Candidate Name

**DAVIDSON, WARREN, , ,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☐

General

☒

Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	2				1	7					2	0	1	6

FEC Identification Number

C C00600718

Transaction ID : SB23.7192

Amount of Each Disbursement this Period

20.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4520.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY ROBERT NAEGELE ID# 4231

001

Candidate Name

**DAVIDSON, WARREN, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C C00600718

**Transaction ID : SB23.7190**

Amount of Each Disbursement this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIDSON FOR CONGRESS**

Mailing Address 3235 HOMEWARD WAY

City  
FAIRFIELDState  
OHZip Code  
45014Purpose of Disbursement  
EARMARKED BY ELLIS NAEGELE ID# 4229

001

Candidate Name

**DAVIDSON, WARREN, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

SPECIAL PRIMARY

State: OH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C C00600718

**Transaction ID : SB23.7191**

Amount of Each Disbursement this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**BRAT, DAVID, ALAN, ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	1	6		

FEC Identification Number

C C00554949

**Transaction ID : SB23.6370**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
EARMARKED BY GARY BURKLE ID# 6538

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2016

FEC Identification Number

C C00554949

**Transaction ID : SB23.7161**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

FEC Identification Number

C C00554949

**Transaction ID : SB23.6371**

Amount of Each Disbursement this Period

2400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
EARMARKED BY PAUL KALMBACH ID# 4142

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2016

FEC Identification Number

C C00554949

**Transaction ID : SB23.7160**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2400.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

FEC Identification Number

C C00554949

**Transaction ID : SB23.6551**

Amount of Each Disbursement this Period

5620.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
EARMARKED BY JODY HICE FOR CONGRESS ID# 6533

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2016

FEC Identification Number

C C00554949

**Transaction ID : SB23.7153**

Amount of Each Disbursement this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
EARMARKED BY JIM HALL ID# 4579

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2016

FEC Identification Number

C C00554949

**Transaction ID : SB23.7156**

Amount of Each Disbursement this Period

20.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5620.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
EARMARKED BY WILLIAM CLARK ID# 6523

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C C00554949

**Transaction ID : SB23.7154**

Amount of Each Disbursement this Period

2700.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DAVE BRAT INC.**

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
EARMARKED BY LEO HAWK ID# 6524

001

Category/  
Type

Candidate Name

**BRAT, DAVID, ALAN, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C C00554949

**Transaction ID : SB23.7155**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address PO BOX 90133

City  
NASHVILLEState  
TNZip Code  
37209Purpose of Disbursement  
CONTRIBUTION

001

Category/  
Type

Candidate Name

**DESJARLAIS, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	1	6		

FEC Identification Number

C C00464073

**Transaction ID : SB23.6514**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2016

FEC Identification Number

C C00413096

**Transaction ID : SB23.6517**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
EARMARKED BY GARY BURKLE ID# 6538

001

Category/  
Type

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

FEC Identification Number

C C00413096

**Transaction ID : SB23.7209**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2016

FEC Identification Number

C C00413096

**Transaction ID : SB23.6382**

Amount of Each Disbursement this Period

2400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2405.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
EARMARKED BY PAUL KALMBACH ID# 4142

001

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	6		

FEC Identification Number

C C00413096

**Transaction ID : SB23.7208**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	1	6		

FEC Identification Number

C C00413096

**Transaction ID : SB23.6531**

Amount of Each Disbursement this Period

5645.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
EARMARKED BY JODY HICE FOR CONGRESS ID# 6533

001

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	6		

FEC Identification Number

C C00413096

**Transaction ID : SB23.7207**

Amount of Each Disbursement this Period

500.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5645.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
EARMARKED BY JIM HALL ID# 4579

001

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	7			2	0	1	6		

FEC Identification Number

C C00413096

**Transaction ID : SB23.7220**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
EARMARKED BY WILLIAM CLARK ID# 6523

001

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C C00413096

**Transaction ID : SB23.7221**

Amount of Each Disbursement this Period

2700.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
EARMARKED BY LEO HAWK ID# 6524

001

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C C00413096

**Transaction ID : SB23.7222**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City  
FOWLERState  
KSZip Code  
67844Purpose of Disbursement  
EARMARKED BY JOHN CHAUCER ID# 6534

001

Category/  
Type

Candidate Name

**HUELSKAMP, TIMOTHY, A., ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	6		

FEC Identification Number

C C00413096

**Transaction ID : SB23.7219**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MEADOWS FOR CONGRESS**

Mailing Address PO BOX 811

City  
HENDERSONVILLEState  
NCZip Code  
28793Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**MEADOWS, MARK, R., ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	1	6		

FEC Identification Number

C C00503094

**Transaction ID : SB23.6534**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MEADOWS FOR CONGRESS**

Mailing Address PO BOX 811

City  
HENDERSONVILLEState  
NCZip Code  
28793Purpose of Disbursement  
EARMARKED BY WILLIAM CLARK ID# 6523

001

Category/  
Type

Candidate Name

**MEADOWS, MARK, R., ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	1	6		

FEC Identification Number

C C00503094

**Transaction ID : SB23.7213**

Amount of Each Disbursement this Period

2700.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2700.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	0		2	0	1	6		

FEC Identification Number

C C00386110

**Transaction ID : SB23.6516**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
EARMARKED BY GARY BURKLE ID# 6538

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				0	2		2	0	1	6		

FEC Identification Number

C C00386110

**Transaction ID : SB23.7183**

Amount of Each Disbursement this Period

5.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	6		2	0	1	6		

FEC Identification Number

C C00386110

**Transaction ID : SB23.6377**

Amount of Each Disbursement this Period

2400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2405.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
EARMARKED BY PAUL KALMBACH ID# 4142

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	1	6		

FEC Identification Number

C C00386110

**Transaction ID : SB23.7182**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
TRANSMITTAL OF EARMARKS

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	1	6		

FEC Identification Number

C C00386110

**Transaction ID : SB23.6532**

Amount of Each Disbursement this Period

6145.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
EARMARKED BY JODY HICE FOR CONGRESS ID# 6533

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	6		

FEC Identification Number

C C00386110

**Transaction ID : SB23.7175**

Amount of Each Disbursement this Period

1000.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6145.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
EARMARKED BY JIM HALL ID# 4579

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2016

FEC Identification Number

C C00386110

**Transaction ID : SB23.7179**

Amount of Each Disbursement this Period

20.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
EARMARKED BY WILLIAM CLARK ID# 6523

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2016

FEC Identification Number

C C00386110

**Transaction ID : SB23.7176**

Amount of Each Disbursement this Period

2700.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
EARMARKED BY LEO HAWK ID# 6524

001

Category/  
Type

Candidate Name

**GARRETT, SCOTT, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2016

FEC Identification Number

C C00386110

**Transaction ID : SB23.7177**

Amount of Each Disbursement this Period

2400.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HOUSE FREEDOM FUND**

Full Name (Last, First, Middle Initial)

**A. SCOTT GARRETT FOR CONGRESS**

Mailing Address P.O. BOX 905

City  
NEWTONState  
NJZip Code  
07860Purpose of Disbursement  
EARMARKED BY JOHN CHAUCER ID# 6534

Candidate Name

**GARRETT, SCOTT, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

FEC Identification Number

**C** C00386110**Transaction ID : SB23.7178**

Amount of Each Disbursement this Period

25.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

72450.00